

NO. _____
IN THE
SUPREME COURT OF THE UNITED STATES

TYRONE MASON,

Petitioner,

v

SHAWN BREWER,

Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

The Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

State Courts --

Michigan Court of Appeals, Docket No. 91388
Michigan Supreme Court, Docket No. 83884; 432 Mich 879 (1989)
Wayne County Circuit Court, Case No. 83-00910-01-FY
Michigan Court of Appeals, Case No. 2016 Mich App Lexis 2473
Michigan Supreme Court, Case No. 500 Mich 934; 889 NW2d 251 (2017)

Federal Courts --

United States District Court
For The Eastern District of Michigan, Case No. 2018 US Dist Lexis 52412
United States Court of Appeals For The Sixth Circuit, Docket No. 18-1475

Petitioner's affidavit or declaration in support of this motion is attached hereto.

/s/ Tyrone Mason

Tyrone Mason #181987

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Tyrone Mason # 181987 am the Petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly amount during the past 12 months | | | | Amount expected next month | | | |
|--------------------------------------|---|--|------------------|--|-------------------------------|--|------------------|--|
| | You | | Spouse SINGLE | | You | | Spouse SINGLE | |
| Employment Prison Work Assignment | \$ 25 Dollars | | \$ | | \$ 25.00 | | \$ | |
| Self-employment N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Income from real property N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| (such as rental income) N/A | | | | | | | | |
| Interest and dividends N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Gifts N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Alimony N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Child Support N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Retirement (such as social N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| security, pensions, N/A | | | | | | | | |

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) **I am confined in a Michigan Penal Institution in Jackson, Michigan**

| | | | | | | | | |
|-----------------------------------|-------------------|--|----|--|-------------------|--|----|--|
| annuities, insurance) N/A | | | | | | | | |
| Disability (such as social N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| security, insurance payments) N/A | | | | | | | | |
| Unemployment payments N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| | \$ N/A | | \$ | | \$ N/A | | \$ | |
| (such as welfare) N/A | | | | | | | | |
| Other (specify): N/A | \$ N/A | | \$ | | \$ N/A | | \$ | |
| Total monthly income: | \$ about 30.00 | | \$ | | \$ about 30.00 | | \$ | |

| | | | |
|--------------|-------------|-------------------------|-----------------------|
| Employer N/A | Address N/A | Dates of Employment N/A | Gross monthly pay N/A |
| N/A | | | \$ |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.) **I have no spouse**

| | | | |
|--------------|-------------|---------------------|-----------------------|
| Employer N/A | Address N/A | Dates of Employment | Gross monthly pay N/A |
| N/A | | | \$ |

4. How much cash do you and your spouse have? \$ 000.00

Below, state any money you or your spouse have in bank accounts or in any other financial Institution **I have no bank accounts or other money in a financial institution.**

| | | | |
|-----------------------|-----------------|-----------------|------------------------|
| Financial institution | Type of account | Amount you have | Amount your spouse has |
| N/A | | \$ | \$ |

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. **I have no assets.**

| | | | |
|---|--------|--|--------|
| <input type="checkbox"/> Home | N/A | <input type="checkbox"/> Other real estate | N/A |
| Value | 000.00 | Value | 000.00 |
| <input type="checkbox"/> Motor Vehicle #1 | NONE | <input type="checkbox"/> Motor Vehicle #2 | NONE |
| Year, make & model | N/A | Year, make & model | N/A |
| Value | N/A | Value | N/A |
| <input type="checkbox"/> Other assets I have no assets of any significant value. | | | |
| Description | N/A | | |
| Value | N/A | | |

6. State every person, business, or organization owing you or your spouse money, and the amount owed. **NONE**

| | | | | |
|---------------------------------------|-----|--------------------|-----|----------------------------|
| Person owing you or your spouse money | N/A | Amount owed to you | N/A | Amount owed to your spouse |
| N/A | | | | N/A |

7. State the persons who rely on you or your spouse for support. **NONE**

| | | | | | |
|------|-----|--------------|-----|-----|-----|
| Name | N/A | Relationship | N/A | Age | N/A |
| | | | | | |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

| | | | | |
|--|--|-----|-------------|-----|
| | You | N/A | Your spouse | N/A |
| Rent or home-mortgage payment (include lot rented for mobile home) | N/A | \$ | \$ | |
| Are real estate taxes included? | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A | | |
| Is property insurance included? | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A | | |
| Utilities (electricity, heating fuel, | N/A | | | |

| | | | | |
|----------------------------------|----|--|----|--|
| water, sewer, and telephone) N/A | \$ | | \$ | |
| Home maintenance (repairs) N/A | \$ | | \$ | |
| Food N/A | \$ | | \$ | |
| Laundry and dry-cleaning N/A | \$ | | \$ | |
| Medical and dental expenses N/A | \$ | | \$ | |

| | You | N/A | Your spouse |
|--|--------|-----|-------------|
| Transportation (not including motor vehicle payments) | \$ N/A | | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ N/A | | \$ |

| | | | |
|--|-------|--|----|
| Insurance (not deducted from wages or included in mortgage payments) N/A | | | |
| Homeowner's or renter's N/A | \$N/A | | \$ |
| Life N/A | \$N/A | | \$ |
| Health \$5.00 dollar state co-pay | \$ | | \$ |
| Motor Vehicle N/A | \$ | | \$ |
| Other: N/A | \$ | | \$ |

| | | | |
|--|----|--|----|
| Taxes (not deducted from wages or included in mortgage payments) N/A | | | |
| (specify): N/A | \$ | | \$ |

| | | | |
|--|--------|--|----|
| Installment payments N/A | | | |
| Motor Vehicle N/A | \$ | | \$ |
| Credit card(s) N/A | \$ | | \$ |
| Department store(s) N/A | \$ | | \$ |
| Other: N/A | \$ | | \$ |
| Alimony, maintenance, and support paid to others | \$ N/A | | \$ |

| | | | |
|---|---------------|--|-----------|
| Regular expenses for operation of business, profession, N/A | | | |
| or farm (attach detailed statement) N/A | \$ N/A | | \$ |
| Other: (specify) N/A | \$ N/A | | \$ |
| Total monthly expenses: N/A | \$ N/A | | \$ |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

| | | |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, describe on an attached sheet. |
|------------------------------|--|--|

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? NO.

| | | |
|-------------------|--|--|
| If yes, how much? | | |
|-------------------|--|--|

If yes, state the attorneys name, address, and telephone number: N/A

Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? NO

If yes, how much?

If yes, state the attorneys name, address, and telephone number: N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am a state prisoner without resources. The only monies I get are from my prison job, and occasionally, my mother sends me a few dollars from her social security check. These funds are by no means regular or something I can depend on as a source of income.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: October 20, 2018

/S/ Tyrone Mason

TYRONE MASON #181987